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APPLICANTS

James H. Wright, Glens Falls, NY;

** CONTINUING DATA ***** *None KC/ 5/24/07*** FOREIGN APPLICATIONS ***** *None KC/ 5/24/07*IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 09/11/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>James H. Wright</i> Examiner's Signature	<i>KC/</i> Initials			

ADDRESS
27949**TITLE**

Anti-Splash, Anti-Spill Apparatus and Method for Holding Antiseptic Solution During a Surgical Procedure

FILING FEE RECEIVED 1035	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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